

# INTAKE FORM 899-72 (v1)

1. IDENTIFICATION			
Subject ID Number:		Date:	Time:
Admitting Personnel:			
New Referral? <input type="checkbox"/>	Previous Department:		
Referring Personnel:			
2. INITIAL EXAM			
Age:	Height:	Weight:	Teeth:
Eye Color:	Hair Color:	Body Hair?	
Perimetrics:	<small>Bust</small>	<small>Waist</small>	<small>Hips</small>
BP:	Pulse:	Pupil Response <input type="checkbox"/>	Verbal Response <input type="checkbox"/>
Condition of Orifices:			
Reflexes: Knee <input type="checkbox"/> Feet <input type="checkbox"/> Throat <input type="checkbox"/>		Sedated? <input type="checkbox"/>	Vaginal Corona? <input type="checkbox"/>
LARC? <input type="checkbox"/> Details:		Menstruating? <input type="checkbox"/>	Restraints? <input type="checkbox"/>
Other Notes:			
3. APPEARANCE			
Condition of Acceptance:		Apparel?	
Attitude:		Distressed? <input type="checkbox"/>	Cleaning Req? <input type="checkbox"/>
External Condition (abrasions, etc.):			
4. ANALYSIS			
Est'd open market value:		Est'd potential value:	
Intake Collar? <input type="checkbox"/>	Est'd TTC:	Departmental Rec:	

ATTACH PREV. DEPARTMENTAL DOCUMENTS OR TRANSFER PAPERWORK TO THIS FORM